

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

## INTOX DMT MAINTENANCE REPORT RECEIVED To conside the time of the regular monthly preventive

Complete this report at the time Complete this report wheneve Retain the original and send a	te of the regular mon r the instrument is se copy within 15 days	thiy preventivitied or rep to the Breat	h Alcohol I	Carol Day at 2: Program, DHSS	14 pm, Jun 2	28, 2016
INFOX DMT SN 500040	Nave of agency Missouri State	NAME OF AGENCY Missouri State Highway Patrol			DATE OF INSPECTION 06/26/2016	
LOCATION OF INSTRUMENT (STREET AND CITY)  Business 54 at Horseshoe Bend Pkwy, Camden Count			nty		TIME OF INSPECTION 02:41:33	
CHECKLIST: Place a mark in values where determined). Uni	the box by each iten	n if found to be corrected	be satisfac	tory or is operating with	nin established limits	. (Write in observed
☑ DIAGNOSTIC RECORD	,			12 11 2 11 1 2 11 11 11 11 11 11 11 11 1		
DATE AND TIME 06/26	6/2016 02:41:35		☑ DETECTOR			
			į	FILTER 1		
SAMPLE CHAMBER	48.8°C		E	TILTER 2		
☑ BREATH TUBE 46.9						
☑ PUMP			Ē	INTERNAL STAND	ARD	
BREATH ANALYZER ACCU	RACY STANDARD	S				
☐ SIMULATOR STANDA	ARD		0	O COMPRESSED ET	HANOL-GAS MIXT	URE
STANDARD SUPPLIER INTOXIMETERS		LOT# AG604101		EXP. DATE <u>02/10/2018</u>		
☐ SIMULATOR TEMP (34°C	± 0.2°C)		SIMULAT	OR SN	SIMULATOR EXP (	DATE
<ul> <li>CALIBRATION CHECK - Run three tests using a state of 005 or less. Mark the bin 0.10% STANDAR</li> <li>□ 0.08% STANDAR</li> <li>□ 0.04% STANDAR</li> </ul>	oox corresponding to D - MUST READ BE D - MUST READ BE	the standard TWEEN 0.0 TWEEN 0.0	d being us 195% ANE 176% ANE	ed. 0.105% INCLUSIVE 0.084% INCLUSIVE	CE REPORT) d must have a spre:	ad
TEST 1. 0,096 TEST 2: 0.09		16		TEST 3: 0.097		
PERFORM R.F.I. TEST						
INDICATE THE NUMBER OF	F BREATH TESTS	IN THE FO	LLOWING	RANGES SINCE TH	IE LAST MAINTEN	IANCE REPORT:
REFUSALS: 0 004:	1	509: 1		.1014: 1	.15-,19: 0	OVER .19: 0
LIST ANY NEW PARTS AND CESCRIBE AN ESTABLISHED LIMITS (USE OTHER SIDE II and	IY ALTERATION OR MODIFIC F NECESSARY)	ATICH THAT WA	S MADE TO R	ESTORE THE INSTRUMENT TO	OPERATE SATISFACTORIL	Y AND WITHIN

INSPECTING OFFICER			
SIGNATURE (1967)		PRINT FUEL NAME MARYLYN A DICKENS	
түре и рекмит кыйбей. 260207	05/03/2018	TELEPHONE NUMBER 573-751-1000	
	Breath Alcohol Program, M Southeast District Office 2875 James Blvd, Poplar I	MO Department of Health and Senior Servio Bluff, MO 63901	ces

REPORT #1



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100

Fax: (314) 533-7328

## **Certificate of Analysis**

**Customer Name** 

Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 13-Feb-2016

Lot # AG604101 Model 108cacd

Exp. Date	Cyl. Type	<u>Component</u>	<b>Certified Concentration</b>
10-Feb-2018	108	Ethanol	0.100 ± 2% BrAC (260 ppm)
		Nitrogen	Balance

## Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	<u>Concentration</u>	<u>Serial No.</u>	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

**NDIR** 

Digitally signed by Quality Control Date: 2016-02-15-09-32-28-06-00 Reason Dry gas standard certification of analysis Location Airgas USA LLC (Lab)

nalyst: Mor Marsola

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01